Complete and mail this form, together with application fees, to:

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

242 - 1040

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Certificate of Mailing I hereby certify that this Issue Fee Transmittal is being deposited with

SHOUTE CHEMES ENTER TOTAL

RECEIVED Publishing Division the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

MAY 1 5 1998

GERALD E. Lester

(Depositor's name)

	16				(Signature)
					(Date)
APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER ANI	D GROUP ART UNIT	DATE MAILED :
M3/731.33a	94/88/08	JOS VAI	-: €	7.75	53753790
	/				
First Named	Ĺ	J. 1646 18	77.	3.4.	
TILE OF	THE STATE	N. FOR CLAY PA	Nat Frantera		
	, , ,				

ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO APPLN, TYPE SMALL ENTITY FEE DUE DATE DUE 240-158 686 33/13/57 A. J. W. 537 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list

- Use of PTO form(s) and Customer Number are recommended, but not required.
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

filing an assignment

individual

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

HOUSTON, TEXAS U.S.A.

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attomeys or agents. If no name is listed, no GERALD E. LESTER

- 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for (A) NAME OF ASSIGNEE ALLUS TECHNOLOGY CORPORATION

name will be printed.

Tr teens Foo

Advance Order - # of Copies _____2__

4a. The following fees are enclosed (make check payable to Commissioner

4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER.

of Patents and Trademarks):

(ENCLOSE AN EXTRA COPY OF THIS FORM) ☐ Issue Fee

Advance Order - # of Copies

☑ corporation or other private group entity ☐ government The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.
(Authorized Signature) (Oate).

Please check the appropriate assignee category indicated below (will not be printed on the patent)

will not be accepted from anyone other than the applicant; a registered attorney NOTE; The Issue Fer or agent; or the assign Trademark Office nee or other party in interest as shown by the records of the Patent and

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

váladladiú bladaci socovádl bistirách

A ruce 4-1.50 .. a Philips.